| Approved for use through 7/3 uzgos OMB 0651-0032 U.S. Patent and Trademan Officer, U.S. DEPARTIES OF COMB 0651-0032 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 4 displays a gold OMB control number. | | | | | | | | | | | |
|---|--|--------------------|------------|----------------------|------------------|----------|--------------------|-----------------|------------|----------------------------|-----------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute to Form PTO-875 | | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| | | | | 1 | | Γ | ١. | | | | |
| FOR BASIC FEE | | MUMB | ER FLED | MINNE | ER EXTRA | | RATE | FEE | ĺ | RATE | FEE |
| (37 | CFR 1.16(a)) | | | | | | | · | OR | | S |
| FOTAL CLAIMS (37 CFR 1.16(c)) | | | minus 20 ÷ | | | | z 5 • | | OR | X 5 | |
| | EPENDENT CLAS CFR 1.16(b)) | MS | minus : | | | | x 5* | | OR. | ж \$* | |
| MULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(d)) | | | | | | | | OR | +5 : | | |
| | | | | | | | | | | | |
| 6 the difference in column 1 is less than zero, eater 0° in column 2. TOTAL OR 10 | | | | | | | | | | IOTAL | L |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | |
| 12101 (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY | | OR | OTHER THANSMALL ENTITY | |
| 4 | | CLAMS REMAINING | | HIGHEST NUMBER | PRESENT | | RATE | ADDI | | RATE | ADDI |
| | | AFTER | | PREVIOUSLY | EXTRA | 1 | | TIONAL | j , | | TIONAL |
| 핗 | Total | ANENDMENT | Minus | PAID FOR | . / | Ì | | FEE | | | FEE |
| ENDMENT | (SF CFR 1.16(18) | - 4 | Mirays | 20 | ./- | | * 3 | - | OR | X 5 | / |
| AME | (3) C/R 1,1603 | | l | | - | ł | ×3 | -/ | OR | *1 | |
| 4 | FIRST PRESENTATION OF MAILTIPLE DEPENDENT CLAIM (37 CFA 1.14(d)) | | | | | . | <u> </u> | | OR | | |
| 8/11/25 | | | | | | ٠ | TOTAL ADDL FEE | / | OR ' | TOTAL ADD FEE | |
| | 8/18 | (Cotumn 1) | | (Catumn 2) | (Column 3) | | • . | | • | • | |
| 80 | / / | CLAIMS | T | HIGHEST | PRESENT | | | | } | | |
| | | REMAINING AFTER | | PREVIOUSLY | ··· EXTRA | | RATE | ADDI- TIONAL | ļ | RATE | ADDI- TIONAL |
| 鱼 | Total | AMENOMENT | Minus | PAID FOR | - | ١. | | FEE | | | FEE |
| NDMENT | (2) CFR 1.16(c) | P | | 10 | | | x 8 | | C A | K 5 | |
| w | Independent (37 GF4 1,14(b)) | 3 | Minus" | 3 | | ŀ | x s | | OR - | .x s | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | •5 | | OR : | + 5 | |
| <u>.</u> | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| 9.4.00 | | | | | | | | | | | |
| ' | _ <u> </u> | (Column 1) | r — — | (Column 2) | (Cotumn 3) | 1 | | | 1 | | |
| 5 | | REMAINING AFTER | | NUMBER PREVIOUSLY | PRESENT EXTRA | l | RATE | ADDI- TIONAL | | RATE | ADDL TIONAL |
| MENT | | AMENDMENT | | PAID FOR | CATTO | 1 | | FEE | | | FEE |
| םו | Total (37 CFR 1,14(d) | 16 | Minus | ["] 20 | · | | x 3 • | | OR | x 1• | |
| N N | Independent (3) CFR 1,46(b) | · 3 | Minus | 3 | <u> </u> | <u>.</u> | X-8 • . | | OR: | ·x 8* | |
| | | | | | | | | | | | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT QUAM DT CFR 1,16(d)

* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previoush Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previoush Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previoush Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previoush Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or ratish a benefit by the public which is to fire (and by the USPTO to process) an application. Confiderfaility is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 coinvites to complete, including gathening, preparing, and surprising the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions to reducing this burden, should be sand to the Chief Holmston Officer, U.S. Department of Commence, P.O. Bot 1459, Alexandria, VA 22315-1459, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Commence, for PSTORY P.O. Bios. 1459, Alexandria, VA 22315-1459. ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL ADOL FEE

TOTAL ADD'L FEE

ed exsistance in completing the form, call 1-800-PTO-9199 and select option 2. by 100 dead designation of companing the local country of the first of the country of the countr